



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**FOOD-DRUG INTERACTIONS
FOR THE FORENSIC MENTAL HEALTH FACILITY**

Effective Date: February 1, 2016

Policy #: MSH FMHF-20

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- I. PURPOSE:** To inform clients of food-drug interactions requiring significant dietary modifications to the clients of the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).
- II. POLICY:** Contract dietary services dietitian, in cooperation with the pharmacy, will counsel clients concerning dietary modifications due to their drug therapy.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
- A. The pharmacy will notify the Licensed Independent Practitioner (LIP) of clients requiring food-drug interaction education.
 - B. The LIP will modify orders as clinically indicated.
 - C. The contract dietary dietitian will provide food-drug interaction education and documentation upon request.
- V. PROCEDURE:**
- A. Food-Drug Interactions
 - 1. Medications which **may** require nutritional counseling include:

Atypical Antipsychotics	Tetracycline
Statins	Isoniazid
Coumadin	Lithium
Iron Supplements	Potassium-Losing Diuretics
MAO Inhibitors	
 - 2. Nutritional counseling for other medications causing possible food-drug interactions will be conducted upon request.

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3. Pharmacy will notify dietitian of clients on drugs requiring significant dietary modifications including but not limited to:

- a. MAO Inhibitors
- b. Any other medications dietitian may request of pharmacy

B. Dietary Consultation.

1. Contract dietary dietitian will educate client regarding specific food-drug interaction and give client dietary education upon request for consultation or at dietitian's discretion.
2. Dietitian will document consultation in dietary section of medical record when consultation performed.

C. Client Discharge

1. If a client is discharged with medications, the pharmacy will send Medication Information Sheets along with the discharge medications.
2. If further dietary education on any food-drug interaction is necessary for discharge, dietitian will consult client upon request.

VI. REFERENCES: MSH Nutritional Care Manual.

VII. COLLABORATED WITH: Medical Director, Dietary Services Manager, Pharmacy Director.

VIII. RESCISSIONS: None, new MSH FMHF policy.

IX. DISTRIBUTION: All MSH FMHF policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Registered Dietitian

XII. ATTACHMENTS: None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director